

UC ANR ACADEMIC HUMAN RESOURCES (AHR) Voluntary Reduced Appointment Form

Appointee's Name: _____ Requesting Supervisor/PI: _____

ANR Unit (Payroll Home Dept): _____ Position Location: _____

Appointment Period: _____ Current Appointment Percent Time: _____

Title, Rank, and Step: _____

I volunteer to reduce my percentage of time to: _____ % of full-time.

My reduction will begin on _____ and terminate on _____ (maximum length 12 months)

I understand that my salary will be reduced in accordance with the selected reduction in time. I understand that my benefits, leave accruals, and service credits may also be reduced in accordance with the selected reduction in time.

Please attach the following:

- Work plan** for part-time appointment
- Justification memo** if the reduction in time is not COVID-19 related, indicating the need for a reduction

The Academic Human Resources Unit will:

- Verify Job Code: _____
- Verify FLSA Status: _____

Comments: _____

Please allow 30 days for processing

Submitted by:

Academic Name Signature Date

Reviewed by:

Program/REC/County Director or Immediate Supervisor Signature Date

Academic HR Manager Signature Date

Vice Provost Signature Date

Approved by:

Associate Vice President Signature Date

~ Approvals for one year or less will be considered and are subject to renewal consideration. All requests to reduce the appointment time must be supported by your supervisor. Final approval rests with the Associate Vice President. The academic or supervisor may end such approved arrangements with a thirty day advanced notice.

~ Approvals will be shared with the Financial Officer to adjust funding